Pro Se 7 (Rev. 10/16) Complaint for Employment Discrimination

United States District Court

			for the
		NORTHERN DI	ISTRICT OF ALABAMA 2021 DEC 29 🏳 🕼 23
(Write y complai		Plaintiff, ne. No more than one plaintiff may be named	d in a pro se
v. <u>(</u>	Over Pod Nor Fala Ambe	nant Services Indensor Sr ed flenderson Sr ed has Davis orda Fry Sackson en Gaunt	Case No.: <u>J. J. C. V. 669</u> (Ameno (to be filled in by the Clerk's Office) JURY TRIAL E Yes \(\sum \) No
defenda space ar	nts cannot j nd attach ar	Defendant(s), e of each defendant who is being sued. If the infinite in the space above, please write "see attack additional page with the full list of names) COMPLAINT FOR	
I.		Parties to This Complaint	
	A.	The Plaintiff	Cassandara Ca Carilla
		Name	P.D. Rox 1991 2
		Street Address	Bin sol (A) Solveson
		City and County	A/ 25219
		State and Zip Code	195-613-3279
		Telephone Number E-mail Address (if known)	C.gsmith411 Qyahoo.com
			re electronic notice through the e-mail listed above. By
			e undersigned consents to electronic service and waives
		· ·	service by first class mail pursuant to Federal Rule of
			(2), except with regard to service of a summons and
			ce of Electronic Filing will allow one free look at the
		document, and any a	ttached PDF may be puinted and saided.
J Date	12/1/2	100/	Rarticipant Signature

Page 1 of 7

II. Basis for Jurisdiction

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	
Name	Koderick Henderson Sr,
Job or Title (if known)	Owner of Coursant Sevices Inc.
Street Address	7, E 434 St.
City and County	Anniston - Calhour
State and Zip Code	AC 36201 (Resona
Telephone Number	256-236-132/aprice 256-310-4618
E-mail Address (if known)	roderick, henderson & Covenantservicesina
Defendant No. 2	Covenent Services inc. com
Name	Norgalla Dans
	Superisor
Job or Title (if known)	n f 134 Cl
Street Address	7 6 13 7 57,
City and County	Anniston - (alhoun
State and Zip Code	AL 36201
Telephone Number	256-236-1321(0) personel 205-200-5878
E-mail Address (if known)	
Defendant No. 3	
Name	alonda Frye Sackson
Job or Title (if known)	Supervisor
Street Address	7-E 1345+,
City and County	Anniston - (ahour
State and Zip Code	HL 36201
Telephone Number	356-236-1321(C)personal 205-223-2766
F-mail Address (if known)	Falondo. Jackson (6) covenant service inc. com

Pro Se 7	(Rev. 10/16) Complaint for Employment Discrimination	
		Defendant No. 4	Λ Λ Λ
		Name	Amber Gauret
		Job or Title (if known)	Office Manage
		Street Address	7 E 134-St,
		City and County	Anniston-Colhour
		State and Zip Code	AL 36201
		Telephone Number	256-236-1321(Densond 256-20
		E-mail Address (if known	<i>,</i>
	C.	Place of Employment	
		The address at which I sought e	mployment or was employed by the defendant(s)
		is:	\wedge \wedge
		Name	Ovenant Sevices Inc
		Street Address	7 = 13 + St
		City and County	Anniston (HC) Calhoren
		State and Zip Code	AL 36201
		Telephone Number	256-236-1321
II.	Basis	for Jurisdiction	
	This a	action is brought for discriminat	ion in employment pursuant to (check all that
	apply)		
	V	Title VII of the Civil Rights A	ct of 1964, as codified, 42 U.S.C. §§ 2000e to
		2000e-17 (race color, gender, rel	igion, national origin).
		(Note: In order to bring suit in	ı federal district court under Title VII, you musı
		first obtain a Notice of Righ	nt to Sue letter from the Equal Employment
		Opportunity Commission.)	
	M	Age Discrimination in Employm	ent Act of 1967, as codified, 29 U.S.C. §§ 621 to
		634.	

Employment Opportunity Commission.)

(Note:

In order to bring suit in federal district court under the Age

Discrimination in Employment Act, you must first file a charge with the Equal

Pro Se	7 (Rev. 10/1	6) Complai	nt for Employment Discrimination	
	☐ Americans with Disabilities Ac		ricans with Disabilities Ac	t of 1990, as codified, 42 U.S.C. §§ 12112 to
		12117	7.	
		(Note	: In order to bring suit in	federal district court under the Americans with
		Disab	pilities Act, you must first	obtain a Notice of Right to Sue letter from the
	,	Equa	l Employment Opportunity	Commission.)
	Ø	Other Red	federal law (specify the fed	leral law):
		Relev	ant state law (specify, if known	own):
		Relev	ant city or county law (spe	cify, if known):
III.	State	Statement of Claim		
	Write	a shor	t and plain statement of the	e claim. Do not make legal arguments. State as
	briefly	briefly as possible the facts showing tha		plaintiff is entitled to the damages or other relief
	sough	sought. State how each defendant was i		nvolved and what each defendant did that caused
	the plaintiff harm or violated the plaint		narm or violated the plaint	ff's rights, including the dates and places of that
	involvement or conduct. If more than or		or conduct. If more than or	e claim is asserted, number each claim and write
	a short and plain statement of each claim		lain statement of each clair	n in a separate paragraph. Attach additional pages
	if nee	ded.		
	A.	The d	iscriminatory conduct of w	hich I complain in this action includes (check all
		that a	pply):	
			Failure to hire me	
			Termination of my emplo	yment
			Failure to promote me	
			✓ Failure to accommodate	ny disability
		2	/Unequal terms and condi	tions of my employment
		Ø	Retaliation	1
		V	Other acts (specify):	arassment
			(Note: Only those grou	nds raised in the charge filed with the Equal
			Employment Opportunit	Commission can be considered by the federal
			district court under the fo	deral employment discrimination statutes.)

Pro Se 7 (Rev. 10/1	6) Complaint for Employment Discrimination
B.	It is my best recollection that the alleged discriminatory acts occurred on date(s): Multiple — Confinous Cafest incidents 09/23/2020 03/06/2020 08/28/2020
	=5709000
C.	I believe that defendant(s) (check one):
	is/are still committing these acts against me
	is/are not still committing these acts against me
D.	Defendant(s) discriminated aga nst me based on my (check all that apply and
	explain):
	□ race
	□ color
	□ gender/sex
	religion
	□ national origin
	age (year of birth)
	(only when asserting a claim of age discrimination) disability or perceived disability (specify disability)
E.	The facts of my case are as follows. Attach additional pages if needed. I kake SEEN hardsand Since the keginning of employment (10/2019) but was starting 01/2018 - 06/2020. I have been lied on Causing a Suspension Chemitwas a known fort Chat I was innocent. I was constantly sent place and left there without relief (26 hours of this land to spirt) My Insurance was concerted just because of a lie but the lap), of laser (2 witnesses any right through dand Neumanny money. I was constantly throughout and hardsand by all mentioner, (Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

Pro Se 7 (Rev. 10/16) Complaint for Employment Discrimination

V.

11	J	Exhaustion	of Federal	Administrative	Remedies
	V .	EXHAUSION	oi rederai	Administrative	ı Kememes

A.	It is my best recollection that I filed a charge with the Equal Employment
	Opportunity Commission or my Equal Employment Opportunity counselor,
	regarding the defendant's alleged discriminatory conduct on (date): 09/2020 dewys
	Coold 19 but was not a nexted permission to come on, Anot was 01,
B.	The Equal Employment Opportunity Commission (check one):
	has not issued a Notice o Right to Sue letter
	issued a Notice of Right to Sue letter, which I received on (date): 03/3031
	Submitted Afready)
	(Note: Attach a copy of the Notice of Right to Sue letter from the Equal
	Employment Opportunity Commission to this complaint.)
C.	Only litigants alleging age discrimination must answer this question:
	Since filing my charge of age discrimination with the Equal Employment
	Opportunity Commission regarding the defendant's alleged discriminatory
	conduct (check one):
	60 days or more have elapsed
	☐ less than 60 days have elapsed
Relief	•
State 1	briefly and precisely what damages or other relief the plaintiff asks the court to
order.	Do not make legal arguments. Include any basis for claiming that the wrongs
allege	d are continuing at the present time. Include the amounts of any actual damages
claime	ed for the acts alleged and the basis for these amounts. Include any punitive or
exemp	plary damages claimed, the amounts, and the reasons you claim you are entitled to
actual	or punitive money damages.
In	ould like to be compensated for the milacy lexcessor by
my	which, I would like If I Die/hr, raise that I was
prom	ised when I started the ob, I would like time and
a ho	If for working hours over 40. I would like for Coverent
Dervi	to Inc to pay for the reverge of momanie and
Incl	und feed due to back - lating my Insurum date.
La	in Still Seeking an actioney to assist with this Case.
Dui	11 subnit Cho Kelier amore ton tomorrow,

Pro Se 7 (Rev. 10/16) Complaint for Employment Discrimination

VI. Certification and Closing

В.

Under Rule 11 of the Federal Rules of Civil Procedure, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of Signing: 19/37/308
Signature of Plaintiff: dsounded ft
Printed Name of Plaintiff. Cassandra G. Smith
For Attorneys
Date of Signing:
Signature of Attorney:
Printed Name of Attorney:
Bar Number:
Name of Law Firm:
Street Address:
State and Zip Code:
Telephone Number:
E-mail Address: